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To:

Division of Corporations

Fax Number : (850)617-6383

From:

က်

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

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### FOREIGN PROFIT/NONPROFIT CORPORATION MJ Buddy Inc.

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S. ROBERTS



February 10, 2022

#### FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: MJ BUDDY INC.

REF: W22000015763

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L17000089540.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II FAX Aud. #: H22000051979 Letter Number: 522A00003400

# MJ BUDDY LLC

4101 SW 47<sup>th</sup> Ave SUITE 105 DAVID, FL 33314

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: MJ Buddy Inc., a Delaware corporation

Dear Sir or Madam:

MJ Buddy LLC consents and grants the Florida Division of Corporations authorization to accept and file the Application by Foreign Corporation for Authorization to Transact Business in Florida by MJ Buddy Inc., a Delaware corporation. MJ Buddy LLC and MJ Buddy Inc. are affiliated entities.

Very truly yours,

MJ Buddy LLC

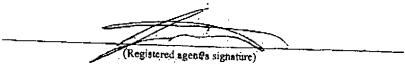
James J. Horvath, Manager

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Inc.," "Co.,"   | "Corp," "Inc," "Co," or "Corp.")  | RPORATED," "C   | OMPANY," "CORPORATION,"   | <del></del>         |  |
|---|---|---|---|---------------------|--|
|   |   | •   |   |                     |  |
| If name unavi   | ailable in Florida, enter alternate co  | robeste no 4  | 1.0   | <u> </u>            |  |
| (If name unavailable in Florida, enter alternate corporate name as Delaware |   | .87-4   | 87-4264160  (FEI number, if applicable)                               |                     |  |
| State or cour<br>2/31/21  | ntry under the law of which it is inco  | orporated) ·  | (PEI number, if applicable)   |                     |  |
| <u> </u>  |   |   |   | 2022<br>SEV         |  |
| 1, 202 илиагу   | te of incorporation)  |   | (Date of duration, if other than perpet                               |                     |  |
| 1 SW 47th A   | (Date first transactive (SEE SECTIONS 607.1: Avenue, Suite 105, Davie, FL 33314   | 301 05 903 1205 F   | da, if prior to registration) S., to determine penalty liability)     | AM 9                |  |
| 1 SW 47th A   | Avenue, Suite 105, Davie, FL 33314  | 301 05 903 1205 F   | S., to determine penalty liability)                                   |                     |  |
| 1 SW 47th A   | Avenue, Suite 105, Davie, FL 33314  | Principal office atro   | S., to determine penalty liability)                                   |                     |  |
| 11 SW 47th A  | Avenue, Suite 105, Davie, FL 33314  | 1 & 607.1502, F   | S., to determine penalty liability)                                   | 4 9: 062022 F       |  |
|   | Avenue, Suite 105, Davie, FL 33314  | Principal office atra   | S., to determine penalty liability)  eet address)  ess, if different) | 4 9: 062022         |  |
|   | Avenue, Suite 105, Davie, FL 33314  | Principal office atra   | S., to determine penalty liability)  eet address)  ess, if different) | EE PLESONILATIONS   |  |
| me and <u>stre</u><br>Name:   | Avenue, Suite 105, Davie, FL 33314 (Control of Control | Principal office atra<br>Principal office atra<br>urrent mailing addr<br>agent: (P.O. Box | S., to determine penalty liability)  eet address)  ess, if different) | EE. L'SEWILLMIASSEE |  |
| me and stre   | (Contents of Florida registered :  James J. Horvath   | Principal office atra   | S., to determine penalty liability)  eet address)  ess, if different) | EE PLESONILATIONS   |  |

Having been named as registered ugent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

| A. DIRECTOR                                     | 5   |                                |  |
|---|---|--------------------------------|--|
| □ Chairman                                      | Name: Iames J. Horvath  | . □Chainnan                    | Name: Christopher Martinez                         |
| □Vice Chairman                                  | Address: 4101 SW 47th Avenue, Suite 105   | UVice Chairman                 | Address: 4101 SW 47th Avenue, Suite 105            |
| Director  | Davie, FL 33314   | f                              | Davie, FL 33314                                    |
| □ President                                     |   | •                              |  |
| □ Vice President                                |   |                                |  |
| ☐ Secretary                                     | Treasurer   | - managements                  |  |
| Other CEO                                       | •   | . ■Secretary                   | ☐ Treasurer  |
|   | - Control   | □ <b>O</b> ther                | Other  |
| □ Chairman                                      | Name: John P. Schwartz  | □ Chairman                     | Charles Jobson                                     |
| ☐Vice Chairman                                  | Address: 35 Hundreds Road   |                                | Name: Charles Jobson  39 Livingston Road           |
| Director  | Wellesley, MA 02461   | □ Vice Chairman                | Address: 39 Livingston Road<br>Wellesley, MA 02482 |
| □President                                      |   | •                              |  |
| □Vice-President                                 |   | □President                     |  |
| □Secretary                                      | ☐ Tressurer   | □Vice President                |  |
| Other COO                                       |   | ☐S∞retary                      | ☐ Treaswer   |
|   | Other   | □Other                         | Other  |
| □Chairman }                                     | Name  | F                              |  |
| □Vice Chairman /                                | Address:  | _                              | Name:  |
| □Director                                       |   |                                | Address:   |
| ☐ President                                     |   | □Director _                    |  |
| —<br>□Vice President                            |   | □ President                    |  |
| Secretary                                       | - Fam   | □Vice President                |  |
| □Other  | □Treasurer :  | O Secretary                    | · [] Treasurer                                     |
|   | □Other  | □Other                         |  |
| Important Notice: Use                           | an attachment to report more than six (6). The a  | tachment will be imaged for    | H reporting purposes only. Non-indexed             |
| 12.   | ded to the index when filing your Florida Depart  | ment of State Annual Repor     | t form.  |
|   | Signature of Directo  | r or Officer                   |  |
| The officer or director she is aware that false | signing this document (and who is listed in hum<br>information submitted in a document to the Dep |                                | he facts stated herein are true and that he or     |
| James J. Horva                                  |   | =e early many 3                | and seques totony as provided for in               |
|   | (Typed or printed name and capacity of per  | Non moning analidad            |  |
|   |   | ioóu arkum <b>k mbhacagou)</b> |  |
|   | • 7:  |                                |  |
|   | •:<br>• •   |                                |  |

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MJ BUDDY INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MJ BUDDY INC."

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202528838

Date: 01-31-22